

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 20, 1889

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Pauline Bay

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 Years,

Months,

Color, White

Sex, F.

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. ) }

Uniontown Pa

Duration of Residence in the City of Baltimore, about 18 months

Place of Death, { Give street and number. }

No. 6 Reed Street

Cause of Death, { First (Primary). } Pregnancy

{ Second (Immediate). } Traumatic Coma

Duration of Last Sickness,

four days

All the above information should be furnished by the Physician.

Place of Burial, Uniontown Pa

W. T. Howard

M. D.

Date of Burial, March 22<sup>nd</sup> 87

Medical Attendant.

{ Undertaker, Holzfaster Son

Address

804 Madison Ave

{ Place of Business, Paul &amp; Sonatay }

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

## Health Department, City of Baltimore.

Permit No. 98723

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 44 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Saloon Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } S 1/2 cor of Salton &amp; Front

Cause of Death, { First (Primary), Second (Immediate), } Nervous prostration (short time)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 20th

Undertaker, Wm F. Chaffee

Place of Business, 18 S. Front St.

Geo B. Reynolds M. D.

Medical Attendant.

Address, 711 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Health Department, City of Baltimore.

Permit No. 98724 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

March 20. 87 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Laura V. Harvard -

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, — Months, — 12 — Days.

Color,

Colored -

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto. Md.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

521 Vincent St -

Cause of Death, { First (Primary), Occlusion of the bowel as shown by Post mortem examination  
Second (Immediate), Constant vomiting - }

Duration of Last Sickness,

3 days -

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Mar 22

Undertaker, Jos. Goeders &amp; Son

Place of Business, 210 St. Schroeder Address, 640 N. Carrollton av

Jno. J. King - M. D.

Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

## Health Department, City of Baltimore.

Permit No. 98725 Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 19<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Philip Bauman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 Years, 1 Months, 24 Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Saloon Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, Thirty four years

Place of Death, { Give Street and Number. }

304½ Monroe Street

Cause of Death, { First (Primary), Second (Immediate), }

Disease of Heart and  
hemorrhage from the Stomach

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, March 22<sup>nd</sup>

Dr. S. Hollyday M. D.

{ Undertaker, for F. F. Schindens &amp; Sons

Medical Attendant.

{ Place of Business, 210 St. Schwender Address, Carroll Balto. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Health Department, City of Baltimore.

Permit No. 98726 Office of Registrar of Vital Statistics. Ward 9<sup>1</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

March 21<sup>st</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Fielder

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 83 Years, 6 Months, 21 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Merchant Dair.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give Street and Number. } 105 W. Camden St.

Cause of Death, { First (Primary), Second (Immediate), }

dead @ 9<sup>r</sup>  
Heart Failure

Duration of Last Sickness,

12 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 23<sup>rd</sup>

Undertaker, F. W. Trade

J. C. Bunder

M. D.

Medical Attendant.

Place of Business, 421 Hanover, Address, 511 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

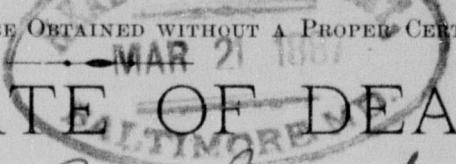
[OVER.]

## Health Department, City of Baltimore.

Permit No. 98727 Office of Registrar of Vital Statistics. Ward 12<sup>11</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Marion Conner March 19<sup>th</sup> 87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Marion Conner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Wilson, N. C.

Duration of Residence in the City of Baltimore, about 3 months.

Place of Death, { Give Street and Number. } Hospital for the Women of Maryland

Cause of Death, { First (Primary), Intestinal Obstruction. Peritonitis. Operation for Relief. Second (Immediate), Death from Shock. }

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Wilson North Carolina

Date of Burial, March 22<sup>nd</sup> 1887

Undertaker, Stewart Mowbray C. O'Donovan Jr. M. D.

Medical Attendant.

Place of Business, 35 Park Ave. Address, Assist. Surg. at Hosp. for Women

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special

## Health Department, City of Baltimore.

Permit No. 98728 Office of Registrar of Vital Statistics.

Ward 5<sup>o</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1887

BALTIMORE NO. 1

B

## CERTIFICATE OF DEATH.

March 20th 1887

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles O. Sheldh

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, — Years,

6 Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Balloons

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Live birth

Place of Death, { Give Street and Number. }

1537 Madison St.

Cause of Death, { First (Primary), Second (Immediate), }

Pneumonia (iron cloths from laundry)

Duration of Last Sickness, Live birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Medical Attendant.

Date of Burial, March 21 1887

Undertaker, Wm S. Guy

Place of Business, 21 N. Boundary Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Health Department, City of Baltimore.

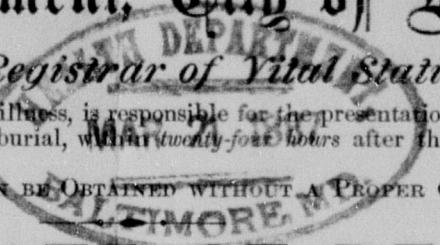
Permit No. 98729

Office of Registrar of Vital Statistics.

Ward 11<sup>th</sup>

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C

## CERTIFICATE OF DEATH.

Date of Death,

March 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Clarence Brogdon

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

One Years,

Months,

18

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore Ind

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

563 Moores Alley

Cause of Death, { First (Primary),

Second (Immediate),

Inanition

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 22<sup>nd</sup> 1887

Undertaker, Alex Hausey

Place of Business, 661 Orchard

J. A. Gillies M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98730 Office of Registrar of Vital Statistics. Ward 1 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~one~~ <sup>24</sup> hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 20th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Henry Connors

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 8 Months, 2 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life Time

Place of Death, { Give Street and Number. }

829 Patapsco St.

Cause of Death, { First (Primary),

Cholymonous Enteritis

Second (Immediate),

Diarrhoea

Duration of Last Sickness,

Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Mar 22<sup>nd</sup> 1887

E. J. Williams

M. D.

Undertaker, W. L. Lewis

Medical Attendant

Place of Business, 92 Done

Address, 2826 E. 28th St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

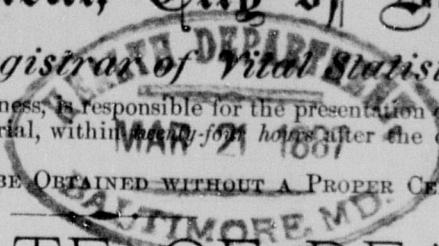
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9873 / Office of Registrar of Vital Statistics. Ward 5 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 19<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bessie Williams

Sex, Male or Female, { Cross out the word not required in this line. } F.

Age, 1 Years, 1 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give Street and Number. } 134 S. Bethel st.

Cause of Death, { First (Primary), Pleuro Pneumonia  
Second (Immediate), Asthenia

Duration of Last Sickness, 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 21<sup>st</sup>

{ Undertaker, John E. Grace

{ Place of Business, Caroline St B13

Dr. S. Snuel

M. D.

Medical Attendant.

Address, 4 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]